Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/666,877 Filing Date TRANSMITTAL September 18, 2003 First Named Inventor **FORM** Clement G. Eischen, Sr. Art Unit 3739 **Examiner Name** Aaron F. Roane (to be used for all correspondence after initial filing) Attorney Docket Number **EIS 309** Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC X Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information **Provisional Application** After Final Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): Return receipt postcard. Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Kolisch Hartwell, P.C. Signature

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Reg. No.

50,795

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Date

Douglas W. McArthur

December 29, 2004

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.		Complete if Known
Sursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/666,877
FEE TRANSMITTAL	Filing Date	September 18, 2003
For FY 2005	First Named Inventor	Clement G. Eischen, Sr.
<u></u>	Examiner Name	Aaron F. Roane
Por FY 2005		

3739 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 0 FIS 309 Attorney Docket No.

METHOD OF PAYMEN	T (check al	I that apply)					-
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FEE CALCULATION							<u> </u>
Application Type Utility Design Plant Reissue Provisional 2. EXCESS CLAIM FEIFEE DESCRIPTION Each claim over 20 or, for Each independent claim Multiple dependent claim Total Claims 10 - 20 or HP = HP = highest number of total Indep. Claims 1 - 3 or HP = HP = highest number of indep.	FILING Fee (\$) 300 200 200 300 200 ES or Reissues over 3 or, 1 ns Extra Claim O claims paid fo Extra Claim 0	FEES Small Entity Fee (\$) 150 100 100 150 100 ., each claim of the content	SEARCI Fee (\$) 500 100 300 500 0 ver 20 and mach independent independen	Small Entity Fee (\$) 250 50 150 250 0 nore than in dent claim noted (\$)	Fee (\$) 200 130 160 600 0 the original pore than in t	he original p	360 180
3. APPLICATION SIZE If the specification and for each additional Total Sheets - 100 = 4. OTHER FEE(S) Non-English Specification	drawings 50 sheets Extra She	or fraction ther <u>ets</u> / 50 =	reof. See 35 her of each a	U.S.C. 41(a additional 50 round up to a		37 CFR 1.16(ereof <u>Fee</u>	(s).

SUBMITTED BY			
Signature	12 ===	Registration No. (Attorney/Agent) 50,795	Telephone (503) 224-6655
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In re Application of

Date: December 29, 2004

Clement G. Eischen, Sr.

Our File No. EIS 309

Serial No.

10/666,877

Examiner Aaron F. Roane

Filed

September 18, 2003

Group Art Unit 3739

For

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Sir:

RESPONSE TO OFFICE ACTION

In response to the Office action September 30, 2004, please consider the following amendments and remarks:

Amendments to the Specification	None
Amendments to the Claims	None
Proposed amendments to the Drawings	None
Remarks	Begin on page 2.